						ON OF HEALTH - STANDARD CERTIFICATE OF DEATH 0050795	
DO NOT WRITE	ART		ENDED			HEALTH AND WELFARE pistration District No. 149 Primary Registration District No. 1002 Registrat's No. 6898. STATE FILE	NUMBER
ON THIS STUB				_	F	** COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution as STATE Kansas b. COUNTY Osborne	n: Residence before admission)
Rev. 4/59		<u> </u>		ł		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
,		AMENDED				TOWN Kansas City 5 days TOWN Natoma	Yes No
1	با ا	וע	11			c. Full NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S+ Turkets Hospital Yes \(\sigma \text{No } \sigma \) Yes \(\sigma \text{No } \sigma \)	Reside on Farm
2 8/30	1	<u>{</u>				institution St. Luke's Hospital Year North 405 S. Hachmeister St.	Yes No 🗆
3] [٦,	3.	NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print) Leonard Staples James December	
4 0	ORD ARE AS FOLLOWS					SEX 6. COLOR OR RACE 7. Married X Never Married B. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YE	
5 ,	1					male white Widowed Divorced Cot.11, 1909 54 Months Day	
6	- MS				10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER U. S.	OF WHAT COUNTRY
7 .	[9]			ŀ	13a	FATHER'S NAME 14. NAME OF HUSBAND OR W	IFE
8 5	[편]				_	Charles Louis James Lyda Staples Ruth James WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	-{\s\					WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ruth James Natoma, Kansas	
9410 X	W			5	$\overline{}$	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
10		اہ		Æ			6 то.
11				DOCUMENT			
1266-0	SRE	NSTEAD		ă		Conditions, If any, DUE TO (b) rheumatic heart disease	
13	削	<u>z</u>	╁┼	_		above cause (a), stating the under- lying cause (ast.) DUE TO (c) aortic insufficiency	
	징				ĕ	BART IN COME SIGNATURE CONTRIBUTIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If decease	d was female was gnancy in last 90 days.
z	ST			1 1	3	□ Yex □	🗋 No 🔠 Unknown
	AMENDMENT				CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART FORMED? YES NO	11 of item 18.)
	WEN				MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
RIBBON	`		11		₩.	20d. INJURY OCCURRED 20e. PLACE OF INJURY (a.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
_						WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK	
A S E		READ			6	21. I attended the deceased from 6-63, to 12-19-63 and last saw her him slive on 12-19-6	<u> </u>
USE BLAC OR TYPEWRITER		2		/IT OF)g po	Death occurred at m on the date stated above, and to the best of my knowledge, from the	
		SHOULD			K D	22a. SIGNATURE (Doctor or title) (Ansas City, Mo. 1	22c. DATÉ SIGNED 2-20-63
	1	_			(0 <u>23</u> a	BURIAL CREMATION 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county)	(State)
		2			_	removal 12-22-63	
		₹ 1		BY A	24. H	Oge Funeral Home, Overland Park Kans. 12.20-63	ith_
		-	1 1	-	ـــ ا	(Licensed Embelmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

i hereb	y certify that the body whose name	is recorded on the reve	rse side of this certificate was embalmed b	y me
or by			Student Embalmer No	
working under	my personal supervision.			
Student	<u> </u>	Signed		
	Signature of Student Embalmer			O
			Licensed Embalmer No	
- -,		-	P. O. Address	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.